

FILED OCT 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37477

STATE FILE NUMBER

1003

Registrar's No. 9505

Registration District No.

318

Primary Registration District No.

S. 300
1-57

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS Mo</u> | | c. CITY OR TOWN <u>ST. LOUIS</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>3343 VIRGINIA</u> | | d. STREET ADDRESS (If outside, give location) <u>3343 VIRGINIA</u> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>CHRISTOPHER GRAF</u> | | 4. DATE OF DEATH Month Day Year <u>OCT. 9 1957</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Nov. 21 1883</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED WATCHMAN</u> | | 11. BIRTHPLACE (City and state or country) <u>ST. LOUIS Mo</u> | |
| 13a. FATHER'S NAME <u>CHARLES GRAF</u> | | 14. NAME OF HUSBAND OR WIFE <u>MARGARET GRAF</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WAR I</u> | | 16. SOCIAL SECURITY NO. <u>498-05-7809</u> | |
| 17. INFORMANT <u>MARGARET GRAF</u> | | Address <u>3343 VIRGINIA</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lung Abscess</u> DUE TO (b) <u>521x</u> DUE TO (c) <u>521x</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | INTERVAL BETWEEN ONSET AND DEATH | |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>4:50 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <u>James M. Kelly Esq.</u> | |
| 22b. ADDRESS <u>1300 Clark</u> | | 22c. DATE SIGNED <u>10-11-57</u> | |
| 23a. BURIAL CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 23b. DATE <u>OCT. 12 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE CEM.</u> | 23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u> |
| 24. FUNERAL DIRECTOR <u>Thomas Kutia 2906 Pearson</u> | | 25. DATE RECD. BY LOCAL REG. <u>OCT 11 57</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Earl Smith Mo</u> | | 27. (Licensed Embalmer's Statement on Reverse Side) | |

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *James C. Hill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Harris*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.